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## APPLICANTS

J. Charles Taylor, Memphis, TN;  
 Harold S. Taylor, Memphis, TN;

## \*\* CONTINUING DATA \*\*\*\*\*

*70* THIS APPLICATION IS A REI OF 08/954,003 10/20/1997 PAT 5,891,143

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*70* *No nos*

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 05/31/2001

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TN	SHEETS DRAWING 7	TOTAL CLAIMS 14	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature <i>70</i> Initials				

## ADDRESS

23370

## TITLE

Orthopaedic fixation plate

FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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